



MINOR STUDENT WAIVER AND RELEASE OF LIABILITY
(One Per Participant)

Participant's Name: First _____ Last _____ Date of Birth ____/____/____ Gender _____

Address: Street _____ City: _____ State: CA Zip: _____

LOCATION: Mission Viejo

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of that would help us in working with this participant:

Three horizontal lines for medical history input.

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant, hereby grants authorization to Evolution Swim Academy Mission Viejo, LLC and its representatives, to employ any legally licensed physician or healthcare facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant.

Initial _____

Each of the undersigned further agrees that neither Evolution Swim Academy Mission Viejo, LLC nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Initial _____

I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission to participate in Evolution Swim Academy Mission Viejo, LLC programs, including, but not limited to swim lessons, Future Stars swim camp, swim team and birthday parties hereby assume full responsibility for all risks of injury or loss which may result from my son's or daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Evolution Swim Academy Mission Viejo, LLC, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my son's/daughter's participation in any of the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property of which is the result of gross negligence or misconduct of Evolution Swim Academy Mission Viejo, LLC, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

Initial _____

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Evolution Swim Academy Mission Viejo, LLC including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition, which would hinder or prevent his/her active participation in Evolution Swim Academy Mission Viejo, LLC programs.

Initial _____

I also understand that photos and or videos are occasionally taken during scheduled activities and that any photo and or videos taken of my child may be used for Evolution Swim Academy, Inc. publicity and promotional purposes only.

Initial _____

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.

Parent or Legal Guardian Signature _____

Date ____/____/____